



**look
forward to
retirement!**

Iowa Department of Administrative Services
Retirement Investors' Club (RIC)

Salary Reduction Form

Personal Information

Name _____ Social Security # _____
Last First MI
Address _____ City _____ State _____
Telephone (work) _____ Telephone (home) _____ Zip _____
Employer Name _____ Employer Phone _____

Salary Reduction

Designate your pretax salary reduction

AIG Retirement \$ _____/Check
Hartford Life \$ _____/Check
Horace Mann \$ _____/Check
ING \$ _____/Check
Security Benefit \$ _____/Check
TIAA-CREF \$ _____/Check

Designate your post-tax (Roth-if available) deduction

AIG Retirement \$ _____/Check
Hartford Life \$ _____/Check
Horace Mann \$ _____/Check
ING \$ _____/Check
Security Benefit \$ _____/Check
TIAA-CREF \$ _____/Check

Effective Date

☐ First Available Paycheck ☐ _____
Paycheck effective date

Employer Contributions (if applicable)

☐ AIG Retirement ☐ Hartford Life ☐ Horace Mann
☐ ING ☐ Security Benefit ☐ TIAA-CREF

Employee Signature

I authorize my employer to reduce my salary as requested, if applicable. I understand and agree to the terms and conditions of the Retirement Investors' Club (RIC). I have access to a Program Summary, a Provider Summary, and a Plan Document. I have contacted my selected provider and have opened an account. I understand that withdrawals may only be made upon termination of covered employment or if I am eligible for one of the 403b approved in-service withdrawals stipulated by my employer's plan. I understand that the maximum amount of salary reduction may not exceed the federal limits required by Internal Revenue Code section 403(b).

Signature Date

Advisor Information

(not required for
existing accounts
or online provider
enrollment)

I certify that I am authorized by this provider to open accounts for RIC participants. The participant has completed the provider's paperwork to open an account.

Print Advisor's Name Advisor's Signature

Phone Number Date

Instructions

Please give this form to the person responsible for your payroll. For access to the Program Summary, a Provider Summary, and the Plan Document, go to <http://das.hre.iowa.gov/ric.html>.